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Parent and Trudemark Office; U.S. DEPARTMENT OF COMMERCE

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DECLARATION FOR UTILITY OR DESIGN		Attantey Docket No.	9364			
PATENT APPLICATION		Pirst Named Inventor	Howard	Thomas Deason		
(37 C.F.R. 1.63)		COMPLETE IF KNOWN				
COMBINED WIT		Application Number				
		Fling Date	September 17, 2	003		
1		Group Art Unit				
}		Examiner Name				
		Confirmation Number				
I hereby declare that: Each inventor's residence, mailing address, and claimenship are as stated below next to their name. I believe the inventor(s) named below to be the original and first inventor(s) of the subject matter which is claimed and for which a patent is sought on the invention entitled MULTI-PLY PRODUCTS COMPRISING A CONSUMER ACCESSIBLE TAB the specification of which						
(check [X]	is attached hereto.		(MM/D)	D/YYYY) as United States		
ane) (]	was filed on	terrational Application Se				
	and was amended on					
(if applicable) I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended						
by any amendment referred to above. I acknowledge the duty to disclose information which is material to patentability as defined in 37 C.R. §1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the						
national or PCT international filing date of the continuation-in-part application.						
I hereby claim foreign priority benefits under 35 U.S.C. §119(a)-(d) or §365(b) of any foreign application(s) for patent or inventor's certificate, or §365(a) of any PCT International application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or any PCT international application having a filing date before that of the application on which priority is claimed:						
Prior Poreign Application	Country	Foreign Filing Dut (MM/DD/YYYY)	e]]	Priority Not Claimed		
P. CHILL				<u>i</u>		
I hereby appoint Practitioners at Costomer Number 27752 as my/our attorneys(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith. Direct all correspondence to Customer Number 27752.						
	- nd- benda of L-	muledon are true and that a	l statements made	on information and ballef		
I beroby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR:						
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first and middle [if any]) Howard Thomas		Or Surname Deason				
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City Hamilton	State Ohio	Zip (or Postal Code) 4	5011	Country USA		

Zip (or Postal Code) 45011 Page I of 2

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DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION

(continued)

Attorney Docket No.

NAME OF SECOND INVENTOR:							
		Parnily Name					
Given Name		Or Surname Brokopp, Jr.					
(first and middle [if any]) Wesley Be	1 -4	7	1				
Inventor's Signature 4/17/2005							
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Given Name							
(first and middle [if any])		Or Surname Date					
Inventor's Signature			Date				
		Country	Ci	rizenship			
Residence: City	State	Country					
Mailing Address:	State Zip (or Postal Code) Country						
City	State	Zip (or Postal	Code)	- Country			
							
NAME OF FOURTH INVENTOR:		9 . M. M.					
Given Name	Family Name						
(first and middle [if any])	Or Surname						
Inventor's Signature Date							
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Residence: City	State	Country	Citivetiamh				
Mailing Address:		CC /n- Bast-1	Cadal	Country			
City	State	Zip (or Postal	C00C)	County			
							
NAME OF FIFTH INVENTOR	<u> </u>						
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(first and middle (if any))	Or Surname						
Inventor's Signature			Date				
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Residence: City	State	Country Citizenship					
Mailian Address:							
City	State	Zip (or Postal Code) Country					
Page 2 of 2							

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